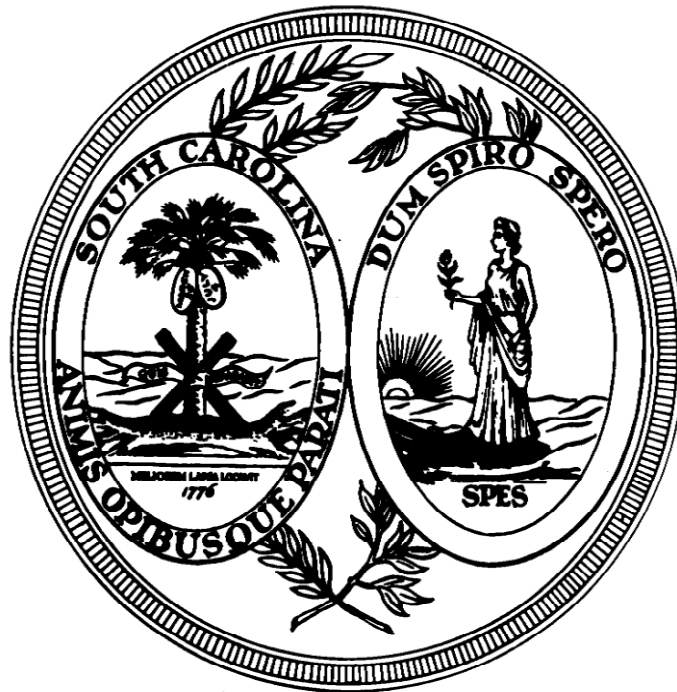




South Carolina Department of Health
and Environmental Control

Regulation Number 61-24 Licensed Midwives



Promulgated by the Board of Health and Environmental Control

Administered by the Division of Health Licensing

Including Changes

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REGULATION 61-24, STANDARDS FOR LICENSING MIDWIVES

TABLE OF CONTENTS

<u>SECTION</u>	<u>DESCRIPTION</u>	<u>PAGE</u>
	Table of Contents.	i
A.	Purpose and Scope; Definitions.	1
1.	Purpose and Scope.	1
2.	Definitions.	1
B.	Interpretations.	3
1.	License.	3
2.	Issuance of License.	3
3.	Effective date and Term of License.	3
4.	Fees.	3
5.	Initial License.	3
6.	Inspections.	3
7.	Noncompliance.	3
8.	Exceptions to Licensing Standards.	3
9.	Change of License.	3
10.	Revocation of License.	4
11.	Hearings and Appeals.	4
C.	Requirements for Licensure.	5
1.	Midwife Apprentice License.	5
2.	Initial Midwife License.	5
3.	Examination.	6
4.	Limitations.	6
5.	Renewal of Midwife License.	6
6.	Tuberculin Skin Test Requirements.	7
7.	Delinquency Period.	8
D.	Scope of Practice.	8
E.	Educational Requirements.	9
F.	Prenatal Care.	9
1.	Required Visits.	9
2.	Scheduled Visits.	9
3.	Home Visit.	9
4.	Nature of Care.	9
5.	Informed Consent.	10
6.	Parent Education.	10
G.	Intrapartum Care.	10
1.	Intrapartum Midwife Duties.	10
2.	Examination in Labor.	10
3.	Sanitation.	11
4.	Operation Procedures.	11
5.	Medications.	11

TABLE OF CONTENTS

<u>SECTION</u>	<u>DESCRIPTION</u>	<u>PAGE</u>
H.	Postpartum Care.	11
1.	Immediate Care.	11
2.	Subsequent Checkups.	11
3.	RhoGam Requirements.	11
I.	Care of the Newborn.	12
1.	Immediate Care.	12
2.	Eye Care.	12
3.	Metabolic Screening.	12
4.	Subsequent Care.	12
5.	Infant Care.	12
6.	Provision of Information.	12
J.	Referral to Physician.	12
1.	Recognition of Problems.	12
2.	Continuity of Care.	12
K.	Maternal Conditions Requiring Physician Referral or Consultation.	12
L.	Neonatal Conditions Requiring Physician Referral.	15
M.	Emergency Measures.	16
1.	Examples of Emergency Situations.	16
2.	Examples of Emergency Measures.	17
N.	Prohibitions in the Practice of Midwifery.	17
1.	Medications.	17
2.	Surgical Procedures.	17
3.	Artificial Means.	17
4.	Induced Abortion.	17
O.	Record Keeping and Report Requirements.	17
1.	Record Keeping.	17
2.	Registration of Birth.	19
3.	Reporting Requirements.	19
P.	Department Responsibilities.	19
1.	Midwifery Advisory Council.	19
2.	Monitoring Outcomes.	20
Q.	General.	20

**SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61**

Statutory Authority: Sections 44-1-140, 40-33-30, 44-37-40, 44-37-50, and 44-89-10 et seq., S.C. Code of Laws, 1976, as amended.

61-24. Licensed Midwives.

A. PURPOSE AND SCOPE; DEFINITIONS.

1. Purpose and Scope. The purpose of this regulation is to provide requirements for licensure, education, minimum standards of care and practice to individuals who desire to practice midwifery in the State of South Carolina.

2. Definitions. For the purposes of these regulations the following definitions apply:

a. Apprentice Midwife. A person authorized by the Department to engage in a course of study, to include clinical experience under the supervision of a physician, certified nurse-midwife, certified professional midwife, or midwife licensed in the State of South Carolina, who will prepare that person to become a licensed midwife.

b. Apprentice Midwife License. A license issued by the Department to authorize a person desiring to become a midwife to obtain clinical experience under supervision of a physician, certified nurse-midwife, certified professional midwife, or midwife licensed in the State of South Carolina. This license is not transferable.

c. Certified Nurse-Midwife. A registered nurse licensed to practice in this state that has been certified by the American College of Nurse-Midwives and officially recognized by the State Board of Nursing for South Carolina.

d. Community Health Center. A not-for-profit organization which receives federal funding to operate a local health center.

e. Contact Hour. A unit of measurement to describe 50-60 minutes of an approved, organized learning experience or two hours of planned and supervised clinical practice which is designed to meet professional educational objectives.

f. Continuing Education. Participation in an organized learning experience under responsible sponsorship or supervised clinical practice, capable direction and qualified instruction and approved by the Department for the purpose of meeting requirements for renewal of licensure under these regulations.

g. Certified Professional Midwife (CPM). A professional midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM).

h. Department. The S.C. Department of Health and Environmental Control.

i. Health Care Provider. A physician or nurse practitioner.

j. License. A document issued by the Department which authorizes an individual to practice midwifery within the scope of these regulations. The license is not transferable.

k. Licensee. A licensed midwife or a licensed apprentice midwife.

l. Midwife. A person licensed by the State of South Carolina who provides midwifery services as defined below.

m. Midwifery Instructor. A physician, certified nurse-midwife or licensed midwife, licensed in the State of South Carolina, who has a supervisory relationship with an apprentice midwife.

n. Midwifery Services. Those services provided by a person who is not a medical or nursing professional licensed by an agency of the State of South Carolina, for the purpose of giving primary assistance in the birth process either free, for trade, or for money, provided, however, that this shall not preclude any medical or nursing professional from being licensed in accordance with this regulation. This definition shall not be interpreted to include emergency services provided by lay persons or emergency care providers under emergency conditions.

o. North American Registry of Midwives (NARM). National organization which provides and maintains an evaluative process for multiple routes of midwifery education and training, and develops and administers a standardized examination system for CPM credentialing.

p. Nurse Practitioner. A registered nurse licensed to practice in this state and registered with the S.C. State Board of Nursing. A certified nurse-midwife is accepted by the Board of Nursing as meeting these requirements.

q. Physician. A person who is licensed to practice medicine in the State of South Carolina.

r. Supervision. Coordination of learning experiences, direction, and continued evaluation of the practice of an apprentice midwife.

B. INTERPRETATIONS.

1. License. It shall be unlawful to conduct midwifery services within South Carolina without possessing a valid license issued by the Department.

2. Issuance of License.

a. A license is issued pursuant to the provisions of Section 44-7-260(A) of the South Carolina Code of Laws of 1976, as amended, and the standards promulgated thereunder. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, or the well-being of any patient.

b. A license is not assignable or transferable and is subject to revocation by the Department for failure to comply with the laws and regulations of the State of South Carolina.

c. The license must be posted in a conspicuous place visible to patients.

3. Effective Date and Term of License. A license for a midwife shall be effective for a 24-month period following the date of issue. An apprentice midwife license shall be effective for a one year period following the date of issue.

4. Fees. The license fee for each midwife license is one hundred fifty dollars (\$150) per 24-month licensing period. The annual license fee for an apprentice midwife shall be fifty dollars (\$50). The license fees shall be payable to the Department and shall be used exclusively in support of activities pursuant to this regulation. Fees are not refundable.

5. Initial License. A person who has not been continuously licensed under these or prior standards shall not provide care to patients until issued an initial license.

6. Inspections. The Department is authorized to inspect records of mothers and newborns delivered by midwives at any time.

7. Noncompliance. When noncompliance with the licensing standards exists, the licensee shall be notified by the Department of the violations and required to provide information as to how and when such an item will be corrected.

8. Exceptions to Licensing Standards. The Department may make exceptions to these standards where it is determined that the health and welfare of the community require the services of the licensee and that the exception, as granted, will have no significant impact on the safety, security or welfare of the licensee's patients.

9. Change of License. A licensee shall request to the Department by letter issuance of an amended license prior to a change in the licensee's name or address.

10. Revocation of License. The Department may refuse to issue, suspend for a definite period, or revoke a license for any of the following causes:

- a. Dereliction of any duty imposed by law;
- b. Incompetence as determined by the Department;
- c. Conviction of a felony;
- d. Practicing under a false name or alias;
- e. Violation of any of the provisions of this regulation;
- f. Obtaining any fee by fraud or misrepresentation;
- g. Knowingly employing, supervising, or permitting (directly or indirectly) any person or persons not licensed as apprentice or midwife to perform any work covered by these regulations;
- h. Using, causing, or promoting the use of any advertising matter, promotional literature, testimonial, or any other representation however disseminated or published, which is misleading or untruthful;
- i. Representing that the service or advice of a person licensed to practice medicine or nursing will be used or made available when that is not true, or using the words, "doctor" or "nurse," or similar words, abbreviations or symbols implying involvement by the medical or nursing professions when such is not the case;
- j. Permitting another to use the license; and
- k. Revocation of certification by NARM or other Department approved organization(s).

11. Hearings and Appeals.

- a. A Department decision involving the issuance, denial, or revocation of a license may be appealed by an affected person with standing pursuant to applicable law, including S.C. Code Title 44, Chapter 1; and Title 1, Chapter 23.
- b. Any person to whom an order is issued may appeal it pursuant to applicable law, including S.C. Code Title 44, Chapter 1; and Title 1, Chapter 23.

C. REQUIREMENTS FOR LICENSURE.

No person may provide midwifery services or represent that s/he is a midwife without first possessing a license issued by the Department in accordance with the provisions of these regulations. Licensure as a midwife shall be by certification by NARM or other Department approved organization(s). Midwives requesting initial licensure will receive a license, provided they have evidence of certification by NARM or other Department approved organization(s) and have also met other requirements as established by the Department.

EXCEPTION: Individuals licensed by the Department prior to the publication date of this regulation will not be required to obtain certification by NARM or other Department approved organization(s). However, if a midwife is delinquent in submitting her/his license renewal application and the delinquency period exceeds 30 days the midwife must obtain certification by NARM or other similar Department approved organization(s) and also meet the requirements outlined in this section.

1. **Midwife Apprentice License.** Upon application, an apprentice license may be issued. An apprentice license authorizes the person to obtain the required clinical experience under supervision of a physician, certified nurse-midwife, certified professional midwife, or licensed midwife. Applications for renewal of apprentice licenses must be submitted at least 90 days prior to the expiration of the initial license. A licensed apprentice midwife may apply for renewal of an apprentice license three times before obtaining certification by NARM or other Department approved organization(s). Under extenuating circumstances, one additional renewal may be granted at the discretion of the Department on a case-by-case basis. The applicant for an apprentice midwife license must:

- a. Provide written verification of apprentice/supervisor relationship from the person(s) supervising the applicant and their verified relationship(s) when the apprentice license is renewed;
- b. Be enrolled in an approved course of education, or have submitted evidence of a planned course of education, subject to the approval of the Department;
- c. Show evidence that s/he has had negative testing for tuberculosis or is noninfectious for the same;
- d. Be able to read and write English.

2. **Initial Midwife License.** A licensed midwife may provide care only as allowed by these regulations. In order to apply to become a licensed midwife, a person must submit:

- a. Application for a midwife license;

b. Evidence of completion of certification by NARM or other Department approved organization(s);

c. Evidence of completion of an educational program to be evaluated by NARM or other Department approved organization;

d. Evidence of completed apprenticeship and a recommendation by the supervising person (clinical experience shall be supervised by a licensed midwife, a certified nurse-midwife, a certified professional midwife, or a physician active in perinatal care) to be submitted to the certifying agency;

e. Evidence of valid Healthcare Provider cardiopulmonary resuscitation (CPR) certificate by the American Red Cross or American Heart Association and Neonatal Resuscitation Program (NRP) certificate in accordance with current NARM or other Department approved organization standards;

f. Evidence that the person has had negative testing for tuberculosis or is noninfectious for the same.

3. Examination.

a. Upon approval of the above documentation by the Department the applicant may sit for the examination, and upon successfully passing the examination, may be licensed as a midwife.

b. Applicants for licensure as a midwife who lack apprenticeship in South Carolina but who have equivalent experience from another jurisdiction may apply for a midwife license and sit for the qualifying examination after submitting evidence of experience and of all other requirements to the Department. Action will be taken on each request on an individual basis.

4. Limitations. A licensed midwife may sponsor a maximum of three apprentice midwives simultaneously.

5. Renewal of Midwife License. Licenses must be renewed every 24 months. An applicant for renewal of a midwife license must submit at least 60 days prior to the expiration of his/her license:

a. A midwife license renewal application;

b. Evidence of completion of certification by NARM or other Department approved organization(s);

c. Evidence of completion of 30 contact hours of continuing education during the licensing period;

d. Evidence of certification from the American Red Cross or American Heart Association in cardiopulmonary resuscitation of adult and newborn within the previous year;

e. Evidence of participation in an annual peer review;

f. Evidence of an annual negative skin test for tuberculosis or is noninfectious for the same.

g. EXCEPTION: Individuals licensed by the Department prior to the publication date of this regulation and not certified by NARM or other Department approved organization(s) must submit the following to the Department:

(1) Evidence of completion of 30 contact hours of continuing education during the licensing period;

(2) Evidence of valid Healthcare Provider cardiopulmonary resuscitation (CPR) certificate by the American Red Cross or American Heart Association and Neonatal Resuscitation Program (NRP) certificate in accordance with current NARM or other Department approved organization standards;

(3) Evidence of participation in an annual peer review.

6. Tuberculin Skin Test Requirements. Within three months prior to initial application and annually thereafter, midwives and apprentices shall have a tuberculin skin test, unless a previously positive reaction can be documented. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. Persons with tuberculin test reactions of 10mm or more of induration should be referred to a physician for appropriate evaluation. The two-step procedure (one Mantoux test followed one week later by another) is required for initial testing in order to establish a reliable baseline.

a. Persons with reactions of 10mm and over to the initial application tuberculin test, those who have previously-documented positive reactions, those with new positive reactions to the skin tests, and those with symptoms suggestive of TB (e.g., cough, weight loss, night sweats, fever, etc.), shall be given a chest X-ray to determine whether TB is present. If TB is diagnosed, the person shall be referred to a physician for appropriate treatment and contacts examined.

b. There is no need to conduct an initial or routine chest X-ray on persons with negative tuberculin tests who are asymptomatic.

c. Persons with negative tuberculin skin tests shall have an annual tuberculin skin test.

d. No person who has a positive reaction to the skin test shall have patient contact until certified non-contagious by a physician.

e. New applicants who have a history of TB shall be required to have certification by a physician that they are non-contagious prior to patient contact.

f. Applicants who are known or suspected to have TB shall be required to be evaluated by a physician and will not be allowed to have patient contact until they have been certified non-contagious by the physician.

g. Preventive treatment of personnel with new positive reactions is essential, and shall be considered for all infected applicants who have patient contact, unless specifically contraindicated. Persons who complete treatment may be exempt from further routine chest X-rays unless they have symptoms of TB. Routine annual chest X-rays of persons with positive reactions do little to prevent TB and therefore are not a substitute for preventive treatment.

h. Post exposure skin tests should be provided for tuberculin negative persons within 12 weeks after termination of contact for any suspected exposure to a documented case of TB.

7. Delinquency Period. Delinquency in renewal of licensure of 30 days after the license expiration date shall result in a delinquency fee of \$25 in addition to the licensure fees noted in Section B.4. If after that period of time application has not been received, the applicant will be required to retake the midwife examination, to include payment of the examination fee.

D. SCOPE OF PRACTICE.

The licensed midwife may provide care to low-risk women and neonates determined by medical evaluation to be prospectively normal for pregnancy and childbirth (see Sections J., K. and L.), and may deliver only women who have completed between 37 to 42 weeks of gestation, except under emergency circumstances. Care includes:

1. Prenatal supervision and counseling;
2. Preparation for childbirth;
3. Supervision and care during labor and delivery and care of the mother and newborn in the immediate postpartum, so long as progress meets criteria generally accepted as normal.

E. EDUCATIONAL REQUIREMENTS.

The Department shall set minimum educational standards and requirements. The Department may suggest or require specific topics for continuing education based on any problem areas indicated by midwives' quarterly reports, consumer feedback, or on advances in available knowledge. The Department shall keep all applicants for licensure or renewal fully informed of requirements for attaining, demonstrating and upgrading knowledge and skills.

F. PRENATAL CARE.

1. Required Visits. The midwife shall, upon acceptance of a woman for care, require her to have two visits with a physician, community health center or health department. One of these visits must be in the final six weeks of pregnancy. The midwife shall make entries in the patient's record of the physician, health center, or health department visits.

2. Scheduled Visits. During pregnancy, the patient shall be seen by the midwife or other appropriate health care provider according to the following schedule: at least once every four weeks until 32 weeks gestation, once every two weeks from 32 until 36 weeks, and weekly after 36 weeks.

3. Home Visit. At least one prenatal visit shall be made to each woman's home during the last six weeks of pregnancy.

4. Nature of Care. Each prenatal visit shall include the following care:

- a. Assessment of general health and obstetric status;
- b. Nutritional counseling;
- c. Blood pressure;
- d. Gross urinalysis: dip stick for sugar and protein;
- e. Weight;
- f. Gestational age assessment;
- g. Fundal height;
- h. Palpation of abdomen, Leopold's maneuvers;
- i. Auscultation of FHT after 20 weeks;
- j. Assessment of psychological status;

k. Education as to cause, treatment, and prognosis of any symptoms, problems, or concerns;

l. Information regarding childbirth classes and other community resources; and

m. Hematocrit and/or hemoglobin shall be assessed at approximately three and eight months gestation.

5. Informed Consent. The midwife shall assure that all women under his/her care understand that s/he is a midwife licensed by this Department to perform midwifery services by virtue of approved education, clinical experience, and examination, but is not a nurse or physician, and are advised of the risks, responsibilities and alternatives for care. In consultation with the expectant parents, s/he shall, prior to the expected date of confinement, plan a strategy for backup medical care for mother and infant, and for transportation to medical facilities in case of emergency, and shall coordinate such arrangements with the backup health care providers. The midwife shall obtain a signed informed consent form to keep in his/her permanent records.

6. Parent Education. The midwife shall assure that natural childbirth and breastfeeding education in some form is available to all of his/her patients, and that they are aware of their rights and responsibilities as consumers of maternity care.

G. INTRAPARTUM CARE.

1. Intrapartum Midwife Duties. During labor, the midwife's duties are to support the natural process and the mother's own efforts, in an attitude of appropriate observation and patience, as well as alertness to the parameters of normality. These duties include, but are not limited to:

a. Ascertaining that labor is in progress;

b. Assessing and monitoring maternal and fetal well-being;

c. Monitoring the progress of labor;

d. Assisting with labor coaching;

e. Monitoring the emotional atmosphere;

f. Delivering the baby and placenta; and

g. Managing any problems in accordance with the guidelines cited elsewhere in these regulations and in accord with sound obstetric and neonatal practice.

2. Examination in Labor. The midwife will not perform any vaginal examinations on a woman with ruptured membranes and no labor, other than an initial sterile examination

to be certain there is no prolapsed cord. Once active labor is assuredly in progress, exams may be made as necessary.

3. Sanitation. The midwife will conduct all applicable clinical procedures and maintain all equipment used in practice in an aseptic manner.

4. Operative Procedures. The midwife will not perform routinely any operative procedure other than artificial rupture of membranes at the introitus and/or clamping and cutting the umbilical cord.

5. Medications. Drugs or medications shall be administered only after consultation with and prescription by, a physician. The midwife shall not administer any drugs or medications except:

- a. For control of postpartum hemorrhage;
- b. When administering medication in accordance with regulations governing the prevention of infant blindness;
- c. When administering RhoGam in accordance with accepted standards of professional practice.

H. POSTPARTUM CARE.

1. Immediate Care. The midwife must remain with the mother and infant for a minimum of two hours after the birth or until s/he is certain that both are in stabilized condition, whichever is longer. S/he shall leave clear instructions for self-care until his/her next visit. Immediate postpartum duties include:

- a. Monitoring the physical status of mother and infant, and offering any necessary routine comfort measures;
- b. Facilitation of maternal-infant bonding and family adjustment; and
- c. Inspection of the placenta and membranes.

2. Subsequent Checkups. Within 24 to 36 hours after delivery, the midwife shall visit the mother and neonate; however, if the midwife is present for the first 20 to 24 hours after delivery, the visit at 24 to 36 hours is not considered mandatory.

3. RhoGam Requirements. Women needing RhoGam should be evaluated and treated by the midwife or a health care provider within 72 hours of delivery.

I. CARE OF THE NEWBORN.

1. Immediate Care. Immediate care includes assuring that the airways are clear, Apgar scoring, maintenance of warmth, clamping and cutting of umbilical cord, eye care, establishment of feeding and physical assessment.

2. Eye Care. The midwife shall instill into each of the eyes of the newborn, within one hour of birth, a prophylactic agent such as silver nitrate or a suitable substitute.

3. Metabolic Screening. All requirements for metabolic screening shall be made clear to parents. The midwife shall notify the county health department in the county where the infant resides within three days of delivery in order for a specimen to be obtained.

4. Subsequent Care. In the days and weeks following birth, care includes monitoring jaundice, counseling for feeding, continued facilitation of the attachment and parenting process, cord care, etc.

5. Infant Care. In consultation with parents, the midwife shall encourage that the infant be seen by a health care provider within two weeks of birth.

6. Provision of Information. The midwife shall assure that the parents are fully informed as to available community resources for emergency medical care for infants, well-baby care, or other needed services.

J. REFERRAL TO PHYSICIAN.

1. Recognition of Problems. The midwife must be able at all times to recognize the warning signs of abnormal or potentially abnormal conditions necessitating referral to a physician. It shall be the midwife's duty to consult with a physician whenever there are significant deviations from the normal. The midwife's training and practice must reflect a particular emphasis on thorough risk assessment.

2. Continuity of Care. When referring a patient to a physician, the midwife shall remain in consultation with the physician until the resolution of the situation. It is appropriate for the midwife to maintain care of her patient to the greatest degree possible, in accordance with the patient's wishes, remaining present through delivery if possible.

K. MATERNAL CONDITIONS REQUIRING PHYSICIAN REFERRAL OR CONSULTATION.

At any time in the maternity cycle, the midwife shall obtain medical consultation, or refer for medical care, any woman who:

1. Has a history of serious problems not discovered at the initial visit with a health care provider;

2. Develops a blood pressure of 141/89 or more, or a persistent increase of 30 systolic or 15 diastolic over her usual blood pressure;
3. Develops marked edema of face and hands;
4. Develops severe persistent headaches, epigastric pain, or visual disturbances;
5. Develops proteinuria or glycosuria;
6. Has convulsions of any kind;
7. Does not gain at least 14 pounds by 30 weeks gestation or at least four pounds per month in the last trimester, or gains more than six pounds in any two-week period;
8. Has vaginal bleeding before the onset of labor;
9. Has symptoms of kidney or urinary tract infection;
10. Has symptoms of vaginitis;
11. Has symptoms of gonorrhea, syphilis or genital herpes;
12. Smokes more than 10 cigarettes per day and does not decrease usage;
13. Appears to abuse alcohol or drugs;
14. Does not improve nutrition within satisfactory limits;
15. Is anemic (Hematocrit under 32; Hemoglobin under 11.5);
16. Develops symptoms of diabetes;
17. Has excessive vomiting;
18. Has "morning sickness" (nausea) continuing past 24 weeks gestation;
19. Develops symptoms of pulmonary disease;
20. Has polyhydramnios or oligohydramnios;
21. Is Rh negative for periodic blood testing;
22. Has severe varicosities of the vulva or extremities;
23. Has inappropriate gestational size;

24. Has suspected multiple gestation;
25. Has suspected malpresentation;
26. Has marked decrease in or cessation of fetal movements;
27. Has rupture of membranes or other signs of labor before completion of 37 weeks gestation;
28. Is past 42 weeks gestation by estimated date of confinement and/or examination;
29. Has a fever of 100.4 for 24 hours;
30. Demonstrates serious psychiatric illness or severe psychological problems;
31. Demonstrates unresolved fearfulness regarding home birth or midwife care, or otherwise desires consultation or transfer;
32. Develops respiratory distress in labor;
33. Has ruptured membranes without onset of labor within 12 hours;
34. Has meconium-stained amniotic fluid;
35. Has more than capillary bleeding in labor prior to delivery;
36. Has persistent or recurrent fetal heart tones significantly above or below the baseline, or late or irregular decelerations which do not disappear permanently with change in maternal position, or abnormally slow return to baseline after contractions;
37. Has excessive fetal movements during labor;
38. Develops ketonuria or other signs of exhaustion;
39. Develops pathological retraction ring;
40. Does not progress in dilation, effacement or station in any two-hour period in active labor;
41. Does not show continued progress to delivery after two hours in second stage (primigravida); one hour for multigravida;
42. Has a partially separated placenta or atonic uterus;
43. Has bleeding of over three cups before or after delivery of placenta;

44. Has firm uterus with no bleeding but retained placenta more than one hour;
45. Has significant change in blood pressure, pulse over 100, or is pale, cyanotic, weak or dizzy;
46. Retains placental or membrane fragments;
47. Has laceration requiring repair;
48. Has a greater than normal lochial flow;
49. Does not void urine within six hours of birth;
50. Develops a fever greater than 100.4 on any two of the first ten days postpartum excluding the first day;
51. Develops a foul-smelling or otherwise abnormal lochial flow;
52. Develops a breast infection;
53. Has signs of serious postpartum depression; and
54. Develops any other condition about which the midwife feels concern, at the midwife's discretion.

L. NEONATAL CONDITIONS REQUIRING PHYSICIAN REFERRAL.

The midwife shall obtain medical consultation from a physician for, or shall refer for medical care, any infant who:

1. Has an Apgar score of less than seven at five minutes;
2. Has any obvious anomaly or suspected disorder, abnormal facies, etc.;
3. Develops grunting respirations, chest retractions, or cyanosis;
4. Has cardiac irregularities;
5. Has a pale, cyanotic or gray color;
6. Develops jaundice in the first 36 hours;
7. Develops an unusual degree of jaundice at any time;
8. Has an abnormal cry;

9. Has skin lesions suggesting pathology;
10. Has eye discharge suggesting pathology;
11. Has excessive moulding of head, large cephalhematoma, excessive bruising, apparent fractures, dislocations, or other injuries;
12. Weighs less than five and one-half pounds;
13. Weighs more than nine pounds, if maternal diabetes or infant birth trauma is suspected;
14. Shows signs of hypoglycemia, hypocalcemia, or other metabolic disorders;
15. Shows signs of postmaturity;
16. Has meconium staining;
17. Has edema;
18. Does not urinate or pass meconium in first 12 hours after birth;
19. Is lethargic, weak or flaccid or does not feed well;
20. Has rectal temperature below 97 degrees F. or above 100.6 degrees F.;
21. Has full, bulging or abnormally sunken fontanel; and
22. Appears abnormal in any other respect.

M. EMERGENCY MEASURES.

The midwife must be able to carry out emergency measures in the absence of medical help. S/he must be trained to deal effectively with those life-threatening complications most likely to arise in the course of childbirth.

1. Examples of Emergency Situations. These are:
 - a. Respiratory or circulatory failure in mother or infant;
 - b. Postpartum hemorrhage;
 - c. Cord prolapse;
 - d. Tight nuchal cord;

- e. Multiple births and malpresentations;
- f. Shoulder dystocia;
- g. Gross prematurity or intra-uterine growth retardation; and
- h. Serious congenital anomalies.

2. Examples of Emergency Measures. These are:

- a. Episiotomy; and
- b. Intramuscular administration of Pitocin for the control of postpartum hemorrhage.

N. PROHIBITIONS IN THE PRACTICE OF MIDWIFERY.

1. Medications. The midwife shall not administer any drugs or injections of any kind, except as indicated in Sections G.5 and M.2.b.

2. Surgical Procedures. The midwife shall not perform any operative procedures or surgical repairs other than artificial rupture of membranes at the introitus, and clamping and cutting of the umbilical cord or as noted above in an emergency.

3. Artificial Means. The midwife shall not use any artificial, forcible or mechanical means to assist the delivery.

4. Induced Abortion. The midwife shall not perform nor participate in induced abortions.

O. RECORD KEEPING AND REPORT REQUIREMENTS.

1. Record Keeping. The midwife shall maintain records of each mother and neonate which shall contain information as described below. All notes shall be legibly written or typed, dated and signed.

- a. The mother's record shall include as a minimum:

(1) Face Sheet: Name, address (including county), telephone number, age, race, date of birth, occupation, marital status, religion, social security number, name of baby's father, midwife in attendance, apprentice midwife (if present), address and telephone number of person(s) to be contacted in the event of emergency, and name and address of physician to be contacted in the event of emergency;

(2) History of hereditary conditions in mother's and/or father's family;

- (3) First day of the last menstrual period and estimated day of confinement;
- (4) Blood group and Rh type;
- (5) Serological test for syphilis (including dates performed);
- (6) Number, duration and outcome of previous pregnancies, with dates;
- (7) Drugs taken during pregnancy, labor and delivery;
- (8) Duration of ruptured membranes and labor, including length of second stage;
- (9) Complications of labor, e.g., hemorrhage or evidence of fetal distress;
- (10) Description of placenta at delivery, including number of umbilical vessels; and
- (11) Estimated amount and description of amniotic fluid.

b. The neonate's record shall include at a minimum:

- (1) Name, sex, race, date of birth, place of birth, parents' names, address and telephone number, midwife in attendance, and apprentice midwife (if present).
- (2) Results of measurements of fetal maturity and well-being;
- (3) Apgar scores at one and five minutes of age;
- (4) Description of resuscitations, if required;
- (5) Detailed description of abnormalities and problems occurring from birth until transfer to a referral facility;
- (6) Care of the umbilical cord;
- (7) Eye care; and
- (8) Counseling to the mother regarding feeding, community resources for emergency medical care, well-baby care, or other needed services, and metabolic screening.

c. Records shall be maintained for no less than 25 years. All records are subject to review by the Department.

2. Registration of Birth. The midwife shall assure that the registration of the baby's birth with the County Health Department is made within five days of birth.

3. Reporting Requirements.

a. Quarterly Reports. Each midwife shall file quarterly reports with the Department on forms provided by the Department. This report includes an Individual Data Sheet which shall be completed for each mother delivered by the midwife. This form includes such information as delivery date, parity, antepartum, labor, newborn, and postpartum statistics, as well as conditions which required consultation by a health care provider. A Summary Sheet is also submitted as a part of the quarterly report. This sheet contains a summary of the mothers cared for during the quarter, e.g., number of undelivered women registered for care with the midwife at the beginning and end of the quarter, women transferred out during antepartum, and women delivered during the quarter.

b. Special Reports. When any of the emergency measures listed in Section M. are utilized, a special report must be filed with the quarterly report to the Department, describing in detail the emergency situation, the measure(s) taken, and the outcome.

c. Consumer Reports. The midwife shall ask all mothers to complete a Consumer Feedback Form after the delivery experience and mail to the Department. These forms, which are provided to the midwives by the Department, request the mother to furnish information regarding certain statistics about the baby, e.g., name, sex, weight, date and place of delivery, and other information such as types of care the midwife provided and whether or not the mother was satisfied with that care.

d. Reporting Mortalities. The midwife shall report any maternal or infant death on a Report of Fetal Death Form (DHEC 665) to the Department, Attn: Vital Records and Public Health Statistics, within 48 hours. This report requires information concerning the death, to include sex, weight, date and place of delivery, pregnancy history, obstetric procedures, complications of labor and/or delivery, method of delivery, congenital anomalies of the fetus, and cause of death.

P. DEPARTMENT RESPONSIBILITIES.

1. Midwifery Advisory Council.

a. The Commissioner of DHEC shall appoint a Midwifery Advisory Council which shall meet at least annually for the purpose of reviewing and advising the Department regarding matters pertaining to the training, practices, and regulation of midwives in South Carolina. The Council shall consist of three licensed midwives, one consumer of midwife care, two certified nurse-midwives, one physician active in perinatal care, and one member-at-large. Each member shall be appointed for a three-year term of office.

b. The Council shall establish a committee for peer review to consult with midwives in questions of ethics, competency and performance, and to serve as an appeal committee when disciplinary action has been taken. The committee may recommend denying, suspending, or revoking a license, or may recommend specific educational objectives, apprenticeship or other improvement measures as necessary.

2. Monitoring Outcomes.

a. As part of the monitoring process, the Department shall evaluate consumer feedback forms issued through midwives to all consumers of midwifery care. The Department shall also issue to, collect, and evaluate quarterly forms from midwives regarding their practices.

b. The Department shall ensure that high quality services are provided by midwives and apprentice midwives in this State through compliance with the standards in these regulations.

Q. GENERAL.

Conditions arising which have not been addressed in these regulations shall be managed in accordance with the best practices as determined by the Department.